POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*		12/12/99
O.I.P.E. CLASSIFIER		8	12-7-99
FORMALITY REVIEW	J.S.	69134	12-22-99

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
–	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim Final	Original	Date								Claim Final	Original	Date								Claim Final	Original	Date							
		2 26 02	9 4 02	3 17 03	8 15 03	14 3 03	5 04				51											101								
	1	✔	✔	✔	✔	✔					52											102								
	2	✔									53											103								
	3	✔									54											104								
	4	✔									55											105								
	5	✔									56											106								
	6	✔									57											107								
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	8	✔									59											109								
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	13	✔									64											114								
	14	✔									65											115								
	15	✔									66											116								
	16	✔									67											117								
(17)		✔									68											118								
	18	✔									69											119								
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	42	✔	✔	✔	✔	✔					93											143								
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	47										98											148								
	48										99											149								
	49										100											150								
	50																													

If more than 150 claims or 10 actions
staple additional sheet here

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